CARDHOLDER MAINTENANCE

Purchasing CPP (DoD)

Type of Maintenance: *(Check all that apply)*

☐ Change   ☐ Move to New Billing Official >>Company Number: _ _ _ _ _
☐ Cancellation   ☐ Purge from Reporting

Agent Number _ _ _ _   Company Number _ _ _ _ _ _

Cardholder Name _ _ _ _ _ _ _ _ _ _ _ _ _   _ _ _   _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
(As it appears on CPP system) (First)   *(M.I.)*   *(Last)*

Account Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Fill in Only the Information Below to be Changed

Cardholder Information to be Changed:

Cardholder Name: _
(Name 1)   *(max.24 char.)*

Dept./Office/Agency Name: _   *(✔) Emboss Name* ☐ *Yes* ☐ *No*
(Name 2)   *(max. 20 char.)*

Address 1: _
         (max. 30 char.)

Address 2: _
         (max. 35 char.)

City: _   State: _ _
    (max. 25 char.)

Zip: _ _ _ _ _ _ _ _ _ _   Country: _ _ _
  (max. 10 char.)

Phone Number: _ _ _ _ _ _ _ _ _ _
        (max. 10 char.)

User Field 2: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
(First eight (8) characters embossed on plastic)(max. 15 char.)

MAT Code: *(Indicate up to 4 codes):* 1: _ _ _ _ 2: _ _ _ _ 3: _ _ _ _ 4: _ _ _ _
                (Indicate MAT 0999 if issuing checks on the account)

Single Purchase Limit: $ _, _ _ _, _ _ _   30-Day Limit: $ _, _ _ _, _ _ _, _ _ _
                                   (Credit Limit)

Reissue Request:

(✔) Check all that Apply
☐ Reissue Card   ☐ Reissue Checks   ☐ Re-open Account

I.M.P.A.C. Check Setup Request:

☐ Add I.M.P.A.C. Check to Existing Account ⇦   ☐ I.M.P.A.C. Check Single Purchase Limit $ _ _ _, _ _ _
(DOD must attach DFAS confirmation)

Reporting Levels:

Level 1: _ _ _ _ _   Level 2: _ _ _ _ _   Level 3: _ _ _ _ _   Level 4: _ _ _ _ _

Level 5: _ _ _ _ _   Level 6: _ _ _ _ _   Level 7: _ _ _ _ _

Purchasing CPP

Master Accounting Code: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ — _ _ _ _ _ _ _ _ _ _ _ _
(Optional) (max. 75 char.) *(First 25 characters of Accounting Code)*

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ — _ _ _ _ _ _ _ _ _ _ _ _
(Second 25 characters of Accounting Code)

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ — _ _ _ _ _ _ _ _ _ _ _
(Third 25 characters of Accounting Code)

Optional Cardholder Setup Information:

E-mail Address: _____
 (max. 60 char.)

Alternate Phone Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
 (max. 18 char.)

Fax Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
 (max 18 char.)

Employee ID: _
 (max 20 char.)

Tax Exempt Number: _
 (max 20 char.)

Optional Cardholder Authorization Control Information to be Changed:

Daily Transaction Limit: _ _ _ _ _ _ _ _   Daily Purchase Limit: $_, _ _ _, _ _ _, _ _ _

Cycle Transaction Limit: _ _ _ _ _ _ _ _   Cycle Purchase Limit: $_, _ _ _, _ _ _, _ _ _

Monthly Transaction Limit: _ _ _ _ _ _ _ _   Monthly Purchase Limit: $_, _ _ _, _ _ _, _ _ _

Quarterly Transaction Limit: _ _ _ _ _ _ _ _   Quarterly Purchase Limit: $_, _ _ _, _ _ _, _ _ _

Annual Transaction Limit: _ _ _ _ _ _ _ _   Annual Purchase Limit: $_, _ _ _, _ _ _, _ _ _

Form Submitted by:

Signature_____

Print Name_____

Phone _____

Fax _____ Date Submitted _____

MAIL REQUEST TO:
I.M.P.A.C. GOVERNMENT SERVICES P.O. BOX 6347, FARGO, ND 58125-6347
FAX REQUEST TO: 701-461-3466
☎ 888-99-IMPAC (888-994-6722)

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I.M.P.A.C.®
Government Services

Form: CHMNT-DoD
 (9/98)

Cardholder Maintenance Form (CHMNT-DoD)

*Type of Maintenance   Check the box that applies to this maintenance request.

  *Agent Number: Indicate the Agent number associated with this Cardholder.

  *Company Number: Indicate the Company number associated with this Cardholder.

  *Cardholder Name: Indicate the First, Middle Initial, and Last name of the Cardholder as it currently appears on the CPP system.

  *Account Number: Indicate the account number assigned to the Cardholder.

Complete only the information below that is to be changed

Cardholder Information to be Changed

  Cardholder Name: Indicate the First, Middle Initial, and Last name of the Cardholder.

  Dept/Office/Agency Name: Indicate the Department, Office or Agency name associated with this Cardholder.

  Emboss Name: Place a check in the box marked "Yes" to emboss the Dept/Office/ Agency Name on the card. The name will be embossed below the Cardholder name on the plastic. Be sure to mark the Reissue Card box on page 2. Place a check in the box marked "No" if the Dept/Office/ Agency Name should not be embossed on the card.

Address 1:	Indicate the mailing address of the Cardholder. This address information will be used on all I.M.P.A.C. Government Services correspondence to the Cardholder (i.e. statements).
Address 2:	Indicate the second address line of the Cardholder (i.e. PO Box or suite number).
City:	Indicate the city of the Cardholder address.
State:	Indicate the state of the Cardholder address.
ZIP:	Indicate the ZIP code of the Cardholder address.
Country:	Indicate the country of the Cardholder address.
Phone Number:	Indicate the phone number of the Cardholder.
User Field 2:	This in an optional reporting and embossing field. Indicate up to 15 alpha-numeric characters. The first eight (8) digits will emboss on the plastic above the Cardholder name.
MAT Code:	Indicate up to 4 MAT Codes for this Cardholder. A list of MAT Codes can be found in the A/OPC Guide. If the MAT Code is three characters in length, precede the number with a zero (0). For example, if choosing MAT Code 123, indicate 0123 on the line.
Single Purchase Limit (SPL):	Indicate the maximum purchase dollar amount allowed for a single purchase.
30-day Limit:	Indicate the maximum purchase dollar amount authorized within a billing cycle.

Reissue Request: Check all boxes that apply to this maintenance request indicating whether a plastic or checks should be reordered or the account should be reopened.

I.M.P.A.C. Check Setup Request
DoD must attach the DFAS confirmation before submitting this request.

Add I.M.P.A.C. Check to Existing Account:	Indicate "Y" for Yes or "N" for No. This determines whether the Cardholder is to receive checks on this account. An "N" indicates no checks will be set up for the Cardholder. If "Y" is chosen, complete the I.M.P.A.C. Check Single Purchase Limit field.
I.M.P.A.C. Check Single Purchase Limit:	Indicate the maximum dollar limit allowed for a single check purchase. This dollar limit is printed on the checks for the Cardholder.

Reporting Levels: Indicate the hierarchy level numbers associated with this Cardholder account. (Note: For some agencies, the Company Number and the Level 5 Number should be the same.)

    Master Accounting Code: Indicate the Master Accounting Code of the Cardholder. Notice the field is broken into three separate lines of 25 characters each. The Master Accounting Code will print as one conintuous 75-character field on all applicable reports.

Optional Cardholder Setup Information

    E-mail Address: Indicate the e-mail address of the Cardholder.

    Alternate Phone Number: Indicate an alternate phone number for the Cardholder. Or, this field may be used if the Cardholder phone number is longer that 10 characters in length.

    Fax Number: Indicate the fax number of the Cardholder.

    Employee ID: Indicate the employee identification number of the Cardholder.

    Tax Exempt Number: Indicate the tax exempt number for this Cardholder.

Optional Cardholder Authorization Control Information to be Changed

    Daily Transaction Limit: This limit is an optional budgetary or authorization control. Indicate the maximum number of transactions allowed for one day.

    Cycle Transaction Limit: This limit is an optional budgetary or authorization control. Indicate the maximum number of transactions allowed for a billing cycle.

    Monthly Transaction Limit: This limit is an optional budgetary or authorization control. Indicate the maximum number of transactions allowed for a month.

    Quarterly Transaction Limit: This limit is an optional budgetary or authorization control. Indicate the maximum number of transactions allowed for a quarter.

    Annual Transaction Limit: This limit is an optional budgetary or authorization control. Indicate the maximum number of transactions allowed for a year.

    Daily Purchase Limit: This limit is an optional budgetary or authorization control. Indicate the maximum purchase dollar amount allowed for one day.

    Cycle Purchase Limit: This limit is an optional budgetary or authorization control. Indicate the maximum purchase dollar amount allowed for a billing cycle.

    Monthly Purchase Limit: This limit is an optional budgetary or authorization control. Indicate the maximum purchase dollar amount allowed for a month.

    Quarterly Purchase Limit: This limit is an optional budgetary or authorization control. Indicate the maximum purchase dollar amount allowed for a quarter.

    Annual Purchase Limit: This limit is an optional budgetary or authorization control. Indicate the maximum purchase dollar amount allowed for a year.

US bank

Form Submitted by

*Signature:	Signature of the contact submitting this form.
*Print Name:	Print the name of the contact submitting this form.
*Phone:	Indicate the phone number of the contact submitting this form.
*Fax:	Indicate the fax number of the contact submitting this form.
*Date Submitted:	Indicate the date the form is mailed or faxed to I.M.P.A.C. Government Services.

*Fields names marked with an asterisk (*) are required fields and/or sections and must be completed. Any required fields not completed will cause a delay in the maintenance request. The incomplete form will be returned to the contact submitting the form or the contact will receive a call requesting the missing information.